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| <b>Case Number:</b>   | CM15-0140686 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 03/09/2008 |
| <b>Decision Date:</b> | 10/08/2015   | <b>UR Denial Date:</b>       | 07/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female with an industrial injury dated 03-09-2008. The injured worker's diagnoses include status post successful peripheral nerve field stimulator trial, anterior cruciate ligament (ACL) tear of left knee, lateral and medial meniscus tears in left knee, status post anterior cruciate ligament (ACL) allograft replacement and medial as well as lateral meniscectomies, left patellofemoral joint syndrome, diabetic polyneuropathy, status post breast and colon cancer, left thigh muscles atrophy, and chronic myofascial pain syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-13-2015, the injured worker reported constant left knee pain with burning sensation status post removal of peripheral nerve field stimulator. The injured worker rated pain a 6-8 out of 10. Objective findings revealed mild flexion contracture, atrophied of suprapatellar muscles in medial aspect, restricted left knee range of motion, allodynia, hyperalgesia, diminished sensation and tenderness across medial joint line of left knee. The treating physician prescribed Morphine ER 15mg PO TID, Neurontin 600mg 2 PO TID, Protonix 20mg 2 PO QD and Naproxen 550mg PO BID PRN, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Morphine ER 15mg PO TID, Unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with constant pain in left knee with burning sensation after removal of peripheral nerve field stimulator rated 6-8/10. The request is for MORPHINE ER 15MG PO TID, UNSPECIFIED QUANTITY. The request for authorization is not provided. The patient is status post left knee arthroscopy with lysis of adhesions, 07/15/14. Physical examination reveals mild flexion contracture is present on left knee. Suprapatellar muscles are atrophied in medial aspect. ROM left knee is restricted. Allodynia and hyperalgesia is present on left knee. Surgical scars are present on anterior aspect of left knee. There is diminished sensation to light touch along lateral border of left knee. Tenderness is present across medial joint line of left knee. She would continue ROM, stretching and strengthening of left knee at home. Per progress report dated 07/03/15, the patient is permanent and stationary. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Treater does not specifically discuss this medication. The patient has been prescribed Morphine since at least 08/08/11. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Morphine significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Morphine. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation, the request IS NOT medically necessary.

**Neurontin 600mg 2 PO TID, Unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with constant pain in left knee with burning sensation after removal of peripheral nerve field stimulator rated 6-8/10. The request is for NEURONTIN 600MG 2 PO TID, UNSPECIFIED QUANTITY. The request for authorization is not provided. The patient is status post left knee arthroscopy with lysis of adhesions, 07/15/14. Physical examination reveals mild flexion contracture is present on left knee. Suprapatellar muscles are atrophied in medial aspect. ROM left knee is restricted. Allodynia and hyperalgesia is present

on left knee. Surgical scars are present on anterior aspect of left knee. There is diminished sensation to light touch along lateral border of left knee. Tenderness is present across medial joint line of left knee. She would continue ROM, stretching and strengthening of left knee at home. Per progress report dated 07/03/15, the patient is permanent and stationary. MTUS Guidelines, Gabapentin section on pg 18,19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 09/04/15, treater's reason for the request is "for tingling and numbness." Patient has been prescribed Neurontin since at least 08/08/11. The patient presents with constant chronic knee pain, a neuropathic condition for which Neurontin is indicated. However, the treater does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request IS NOT medically necessary.

**Protonix 20mg 2 PO QD, Unspecified quantity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents with constant pain in left knee with burning sensation after removal of peripheral nerve field stimulator rated 6-8/10. The request is for PROTONIX 20MG 2 PO QD, UNSPECIFIED QUANTITY. The request for authorization is not provided. The patient is status post left knee arthroscopy with lysis of adhesions, 07/15/14. Physical examination reveals mild flexion contracture is present on left knee. Suprapatellar muscles are atrophied in medial aspect. ROM left knee is restricted. Allodynia and hyperalgesia is present on left knee. Surgical scars are present on anterior aspect of left knee. There is diminished sensation to light touch along lateral border of left knee. Tenderness is present across medial joint line of left knee. She would continue ROM, stretching and strengthening of left knee at home. Per progress report dated 07/03/15, the patient is permanent and stationary. MTUS , NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. Per progress report dated 09/04/15, treater's reason for the request is "for stomach upset and heartburn." Patient has been prescribed Protonix since at least 04/10/13. Although patient is prescribed Naproxen, an NSAID, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Additionally, Protonix is indicated for GERD and erosive esophagitis, which have not been discussed, either. Furthermore, the request for Naproxen has not been authorized. Therefore, the request IS NOT medically necessary.

**Naproxen 550mg PO BID PRN, Unspecified quantity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The patient presents with constant pain in left knee with burning sensation after removal of peripheral nerve field stimulator rated 6-8/10. The request is for NAPROXEN 550MG PO BID PRN, UNSPECIFIED QUANTITY. The request for authorization is not provided. The patient is status post left knee arthroscopy with lysis of adhesions, 07/15/14. Physical examination reveals mild flexion contracture is present on left knee. Suprapatellar muscles are atrophied in medial aspect. ROM left knee is restricted. Allodynia and hyperalgesia is present on left knee. Surgical scars are present on anterior aspect of left knee. There is diminished sensation to light touch along lateral border of left knee. Tenderness is present across medial joint line of left knee. She would continue ROM, stretching and strengthening of left knee at home. Per progress report dated 07/03/15, the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Patient has been prescribed Naproxen since at least 08/08/11. In this case, review of provided medical reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Furthermore, per progress report dated 07/31/15, treater states, "I am going to discontinue Naproxen." Therefore, the request IS NOT medically necessary.